

Please print your numbers like this. Use blue or black ink.

1 2 3 4 5 6 7 8 9 0

Industrial Facility Tax (IFT) Voucher

Do not make changes on this form.

Local Unit/City Township	Payment to be applied to Tax Year ____ / ____ / ____ / ____
County	
Treasurer's Signature	Date
Title	Phone

IFT (856)

01

Obsolete
Properties

02

NEZ

03

97

97

Total Payment

Mail to: Michigan Department of Treasury, P.O. BOX 30471 LANSING MI 48909-7971
Make checks payable to: State of Michigan.

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